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EDITORIAL:

The Case for Anti-Racism Practice and Research in Nephrology Social Work: A Call to Action

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INTRODUCTION

Social work has long been committed to advancing well-being for populations experiencing oppression and marginalization, especially those disproportionately burdened by chronic medical conditions. Focusing on healthcare is crucial, as systematic racism in care undermines health equity and creates significant barriers to access and utilization (Terhune et al., 2024). These disparities are particularly stark in nephrology, where chronic kidney disease (CKD) disproportionately affects Communities of Color, with Black/African American people experiencing kidney failure at four times the rate of white[1] Americans and facing significantly lower transplant access and survival rates (National Kidney Foundation (NKF), 2025, n.d.a; United States Renal Data System (USRDS), 2024). On average, Black/African American patients wait a year longer than white patients to receive a kidney transplant, and Black/African American transplant candidates listed at centers in minority-predominant neighborhoods are 64 % less likely to get living-donor kidney transplant than white candidates listed at centers in predominantly white neighborhoods. (Li et al., 2024; National Kidney Foundation (n.d.a), 2025). Hispanic/Latino, Asian American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Other Pacific Islander communities are also at increased risk for kidney disease and experience disproportionate rates of kidney failure compared to white patients (National Kidney Foundation, n.d.b). Although these disparities have been well-documented, connecting these health inequities to racism is an emerging area in the research on kidney disease (Arriola, 2017; Arriola et al., 2021). Eneanya and colleagues (2022) explain that structural racism, which is rooted in discriminatory laws, policies, and practices, has long marginalized Black/African American and other oppressed communities, leading to persistent health disparities and increased mortality from conditions such as hypertension, diabetes, and chronic kidney disease (CKD). Despite these stark disparities, nephrology social work has yet to systematically address racism as a structural determinant of kidney health outcomes. While the broader social work profession has embraced anti-racism practice mandates, nephrology social workers (NSWs) play a critical role in transplant referrals, psychosocial assessments, and care coordination, but have not formally proposed frameworks for dismantling racist structures within kidney care systems. This paper examines how structural racism drives disparities in kidney health, and highlights the critical role of NSWs in promoting equity across care settings. Using Public Health Critical Race Praxis, it outlines strategies for anti-racism practice, research, and systemic-level interventions (Ford & Airhihenbuwa, 2010). The paper also provides concrete recommendations to advance equitable access to kidney care and transplantation.

[1]Keeping “white” lowercase avoids reinforcing white as a dominant or normative identity, or inadvertently centering whiteness, and follows recent guidelines from the Associated Press.

In 2018, the Wisconsin Public Health Association became the first in the nation to pass a declaration saying that racism is a public health crisis (Wisconsin Public Health Association, n.d.). Following the 2020 police killing of George Floyd and the subsequent uprising over racially motivated violence, the number of declarations grew from 13 nationwide to nearly 200 (American Public Health Association. (n.d.). This nationwide groundswell of official recognition makes it clear that advancing anti-racism is not optional, but a coreresponsibility of the social work profession. According to the

preamble of the NASW Code of Ethics (2021), "Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people." Furthermore, the profession is grounded in "advancing social, economic, and environmental justice while promoting equity, human rights, and the inherent dignity and worth of all individuals." (Council on Social Work Education (CSWE, n.d.a), 2025).

Meanwhile, multiple social work organizations have publicly advocated for advancing anti-racism in the profession, with the National Association of Social Workers (NASW) defining anti-racism as "uplifting the innate humanity and individuality of Black, Latin A/O/X, Indigenous, Asian and Pacific Islander, and other People of Color; demonstrating best practices in diversity, equity and inclusion; and taking conscious and deliberate actions to ensure equal opportunities for all people and communities" (National Association of Social Workers (NASW), 2022) The American Academy of Social Work & Social Welfare (AASWSW) identified eliminating racism as one of its Grand Challenges in addressing societal issues, and the Council on Social Work Education (CSWE) created a task force to advance anti-racism in Social Work Educational Policy and Accreditation Standards (EPAS) (Fairfax et al., 2024; Teasley et al., 2023). In January 2021, the NASW Board of Governance Committee issued an anti-racism statement affirming their "commitment to being an anti-racist organization," and in October of the same year, released a report entitled "Undoing Racism Through Social Work," which outlines education, policy, research, and practice recommendations for social workers (Council on Social Work Education (CSWE), 2021; National Association of Social Workers Board Governance Committee, 2022). Amid recent executive orders from the current federal administration aimed at eliminating diversity, equity, and inclusion (DEI) programming and funding, social work institutions have reaffirmed their commitment to social justice. Also, the NASW has stated opposition to recent federal executive orders targeting diversity, equity, and inclusion programming, while CSWE launched a resources webpage for anti-racism efforts (CSWE, n.d.b; NASW, 2025a).

However, these organizational statements and task forces, while symbolically important, represent preliminary steps rather than the systematic practice transformation required for meaningful anti-racism change. Declarations of commitment must be accompanied by concrete practice standards, accountability mechanisms, and structural changes within social work education and service delivery to effectively challenge white supremacist systems (Gutiérrez & Lechuga-Peña, 2022). Moving from commitment to practice requires addressing multiple forms of oppression to practice nephrology social work effectively. Anti-racism in nephrology social work must also employ an intersectional lens, recognizing that patients experience multiple, intersecting forms of oppression, based on race, gender, class, sexuality, and immigration status, that compound health disparities (Collins, 1990; Moraga & Anzaldúa, 1981). Recent research suggests that intersectional approaches in healthcare settings more effectively address structural inequities rather than single-axis interventions (Tinner et al., 2023).

To adhere to the undergirding philosophy and intended spirit of the social work profession that promotes social justice on behalf of society's historically oppressed and marginalized, we must champion anti-racism practices. For those interested in engaging in antiracism research in nephrology social work, the Public Health Critical Race Praxis (PHCRP) provides a framework to help guide the research process (Ford & Airhihenbuwa, 2010). PHCRP offers four key principles for antiracism nephrology social work: (1) *community-centered participatory approaches* that elevate patient voices; (2) *structural analysis* of racism's mechanisms within healthcare institutions; (3) *intersectional examination* of multiple forms of oppression; and (4) *action-oriented interventions* that transform systems rather than merely document disparities (Ford & Airhihenbuwa, 2010). This article applies PHCRP (see **Figure 1**) to examine how structural racism operates within nephrology care systems and proposes concrete anti-racism interventions for social work practice. We argue that NSWs must name and actively dismantle white supremacist structures that perpetuate kidney health disparities (Ford & Airhihenbuwa, 2010).

ANTI-RACISM SOCIAL WORK PRACTICE IN NEPHROLOGY

NSWs are integral members of the healthcare team, mandated by the Centers for Medicare & Medicaid Services (CMS) to address the psychosocial needs of patients undergoing dialysis and kidney transplantation (Merighi & Browne, 2015). NSWs can promote anti-racism across micro-, mezzo-, and macro-levels in the nephrology settings that they inhabit.

NSWs are often the first point of contact for patients and their families, providing ongoing psychosocial support and optimizing end-stage kidney disease (ESKD) outcomes (Callahan, 2011). They educate, advocate, and facilitate treatment options for patients in dialysis and transplant settings. For example, NSWs are generally the primary clinicians responsible for promoting and submitting referrals for transplant evaluation among patients with ESKD (Chen et al., 2025). Once patients are referred to them, NSWs are mandated by CMS to perform psychosocial assessments on potential transplant candidates to determine psychosocial suitability for transplant (Centers for Medicare and Medicaid Services (CMS), 2008). However, racial disparities exacerbate

the widening gap in transplant access that exists among racial and ethnic (Harding et al, 2021). NSWs can ensure treatment equity for all patients with ESKD by implementing standardized transplant referral and evaluation practices to address social and structural determinants of health (SDoH) that act as barriers to transplantation (Browne et al., 2025). This article recommends an equity-focused lens that involves screening Electronic Health Records (EHRs) to proactively identify CKD patients eligible for transplant, including patient input in workflows, and provide personalized outreach from trained nephrology social workers (NSWs) or nurse coordinators (NCs) to help navigate transplant barriers (Browne et al., 2025). Given the integral role that NSWs play in transplant access, they remain crucial in advancing anti-racism practices in nephrology care.

A hallmark of nephrology social work practice is its partnership with interdisciplinary care teams and its practice in settings where social work is not the primary profession. NSWs work with clinicians who are primarily trained in the medical model of care, versus the biopsychosocial model and person-in-environment, and strengths-based perspectives inherent to social work training. At the organizational level, NSWs must negotiate their responsibilities to the profession of social work, their clients, and healthcare organizations. Ethical tensions may arise as professional social work ethics may conflict with organizational practices and protocols. For example, advocating for transplantation and intervening on behalf of patients with multiple non-medical risk factors may come into conflict with organizational protocols and requirements for transplantation. Yet, doing so allows social workers to remain aligned with their professional ethics of pursuing social change on behalf of historically marginalized populations.

Finally, at the macro level, NSWs have had historic success in promoting and influencing legislation that supports ESKD care from properly educated NSWs trained in professional social work ethics (Browne, 2019). Having successfully advocated for nephrology social workers to be a part of the multidisciplinary nephrology team, these social workers are uniquely positioned to affect and advance policy that promotes anti-racism in practice. The nephrology social work profession is buttressed by the support of the Council of Nephrology Social Workers (CNSW), a professional membership council of the National Kidney Foundation, that supports and promotes nephrology social workers, affects legislative issues, and is a resource that provides ongoing support and education to patients and nephrology social work professionals (National Kidney Foundation (NKF), n.d.-c). Building on a strong history of advocacy and professional organization, nephrology social workers are well-positioned to lead efforts in advancing ESKD care grounded in anti-racism principles and practices.

ANTI-RACISM RESEARCH IN NEPHROLOGY

Goings et al. (2023) recently introduced an anti-racism research framework that calls for sustained critical attention to, and active disruption of, the racist practices embedded throughout the research process. Their approach emphasizes producing more equitable knowledge by centering individuals' lived contexts and acknowledging the influence of racism on their experiences. Nephrologist-led research has succinctly described the need to center anti-racism in nephrology training across the continuum of chronic kidney disease (CKD). Crews and colleagues (2022) emphasized the urgent need to address structural racism in CKD care by implementing interventions that apply an anti-racist lens, target multiple systemic levels, and promote health equity through innovative models. Building on this, medical clinicians and researchers have proposed frameworks for integrating anti-racist principles into nephrology education, including curriculum reform and the removal of the race coefficient from the estimated glomerular filtration rate (eGFR) algorithm (Boutin-Foster et al., 2023; Mohottige et al., 2023; Purnell et al., 2022; Scott et al., 2022). Additionally, Grubbs (2020) advocates for nephrology professionals to critically reevaluate race-based care decisions that have no biological basis and fail to account for social determinants of health (SDoH), which are nonmedical factors like income, education, and neighborhood conditions that influence health outcomes. Collectively, this research builds on established health disparities in CKD that affect Communities of Color. Curiously, little has been mentioned in this critically important area of research regarding the role of social workers in centering and advancing anti-racism practices in nephrology care, despite our discipline's roots in social justice and social change. Further, social work clinicians and researchers have not been given the same platform from which to contribute to this critically important conversation on anti-racism in nephrology care.

This is not to say that the social workers who are clinicians and researchers with backgrounds in nephrology care have been silent on the importance of racism in kidney disease care. Savage (2020) explains how structural racism underlies the racial disparities in medication adherence in kidney patients by applying Bourdieu's theory of capital, explicitly stating that the constructs of social and cultural capital influence medical adherence through social and economic pathways informed by power differentials that exist in our society, where structural racism shapes opportunities and life chances and access to medication. Social workers researchers have also explicitly linked racism to disparities in kidney

transplantation. Recently, Stockard (2024) utilized critical race theory (CRT) and ecological systems theory in a study where dialysis and kidney transplantation social workers identified systemic racism as a driver of transplant inequities among Black/African American children (Bell, 1992; Bronfenbrenner, 1977; Delgado & Stefancic, 2017; Eriksson et al., 2018).

The recently much-maligned critical race theory (CRT) emerged from the field of legal studies to explain how systemic racism and power structures affect the lives of people and the inner workings of institutions (Delgado & Stefancic, 2017). Critical race theory is a framework developed by Derrick Bell that examines how racism is embedded in legal, political, and social structures and asserts that racism is an enduring part of American society, with laws and institutional practices reproducing racial inequities (Bell, 1992, 1995). This framework differs from traditional cultural competence models by requiring practitioners to challenge institutional policies and practices that actively perpetuate racial inequities. Central to the public health critical race praxis (PHCRP) framework is centering community knowledge and lived experiences in developing interventions (Gutiérrez, 2023). Anti-racism nephrology social work research must prioritize patient voice and community partnership, moving beyond traditional provider-centered models to community-engagement approaches that recognize patients and families as experts in their own experiences with kidney care systems (Browne et al., 2025).

CONCLUSION

This paper serves as an urgent call to center anti-racism in nephrology social work, a specialty that should address long-standing, persistent health inequities in Communities of Color. To deepen our understanding of how racism shapes health and to design concrete interventions that center anti-racism, we turn to foundational resources such as Racism: Science & Tools for the Public Health Professional, which offers evidence-based strategies for treating racism as a public health crisis across care settings (Ford et al., 2019). Building on this foundation, we call on NSWs to:

(1) ***Conduct Institutional Racism Assessments of Their Practice Settings***. Rigorous study of racism starts with reliable metrics (e.g., surveys, questionnaires, administrative data) that capture distinct dimensions of racism to assess racial dynamics within organizations, and build the evidence base needed to secure resources for combating racism as a social determinant of health (SDoH) (Cross, 2019, p. 491). The American Society of Nephrology (ASN) has released an anti-racism toolkit for educators, training program directors, and kidney health professionals, including resources on understanding systemic racism in kidney care, unconscious bias, and building antiracism in training practices (American Society of Nephrology (ASN), n.d). Another straightforward way to do this is to use Gillborn's three questions to assess the real-world implications of institutional and departmental policies by investigating each policy's priorities, beneficiaries, and outcomes:

- Who or what is driving the policy?
- Who wins and who loses as a result of the policy priorities?
- And what are the effects of the policy?

(Gillborn, 2005)

(2) ***Implement Community-Based Solutions.*** The community health worker (CHW) model equips trusted community insiders to bridge their own ethnic, cultural, or geographic networks within healthcare providers, thereby improving patient outcomes (Hudson, 2019, p. 437). Nephrology social workers often have large caseloads of complex patient cases. CHWs provide support by maintaining ongoing contact with patients and reinforcing interventions within the community through a patient's cultural lens and lived experience. The National Kidney Foundation (NKF) offers resources for the role of CHWs and training modules to prepare CHWs in the detection of kidney disease, self-management, and decreasing risk in marginalized communities (NKF, n.d.d, 2025).

(3) ***Move Beyond "Cultural Competence."*** Advocate for policy changes in patient care and inclusion of evaluation criteria that address and eliminate racial bias. The cultural humility framework helps us to understand that humility is an ongoing practice of self-reflection, power-sharing with patients, and building equitable, advocacy-driven partnerships with communities (Black et al., 2019, p. 286). "Cultural competence" implies there is a specific body of knowledge that can be learned to understand and interact with other cultures successfully. In contrast, we know that every patient we encounter is shaped by the intersection of the identities, positionalities, and beliefs the patient and clinician hold (Foronda, 2020; Lekas et al., 2020). Ambivalence toward or devaluation of someone's culture can lead to adverse outcomes that deepen health disparities. When we encounter cultural conflict, the only way to achieve positive outcomes is through cultural humility and by centering the basic human need for connection and understanding (Foronda, 2020).

(4) ***Engage in Advocacy for Structural Changes in Healthcare.*** Advocate for healthcare policy that addresses social determinants of health (SDoH). Public health educators and practitioners must understand the broader political context of U.S. policies beyond healthcare financing,

recognizing that effective public health work is inherently political and we must resist "the urge to separate the political from the public health arena" (Samari et al., 2019, p. 459).

These actions move the focus from individual reflection to the systemic-level transformations needed for meaningful change. The kidney healthcare system is not immune to structural racism's harmful impacts on patient health and outcomes. Nephrology social workers (NSWs), who navigate multiple, interconnected healthcare systems while advocating for patients, are therefore ethically bound and uniquely positioned to lead anti-racism transformation across kidney care.

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FIGURES

Figure 1.

Public Health Critical Race Praxis(PHCRP) principles and affiliated focuses.

Principle	Affiliated Focus(es)	Definition	Conventional Approach	PHCR Approach
1. Race consciousness	All	Deep awareness of one's racial position; awareness of racial stratification processes operating in colorblind contexts	Colorblindness-belief in the irrelevance of racism characterized by the tendency to attribute racial inequities to non-racial factors (e.g., SES)	A researcher clarifies her racial biases before beginning research within a diverse community
2. Primacy of racialization	Contemporary Racialization	The fundamental contribution of racial stratification to societal problems; the central focus of CRT scholarship on explaining racial phenomena	Tendency to attribute effects to race rather than to racialization or racism	A study on neighborhood characteristics includes factors hypothesized to reflect structural racism
3. Race as social construct	Contemporary Racialization Conceptualization & Measurement	Significance that derives from social, political and historical forces	Biological determinism – the belief that race is meaningful because it provides insights about one's biology and propensities	A study assesses race not as a risk factor but to identify a population at risk for specific racism exposures
4. Ordinariness of racism	Contemporary Racialization	Racism is embedded in the social fabric of society	Racial exceptionalism-defines racism as rare, discrete and overtly egregious incidents	A study on racism and health operationalizes racism as routine exposures (e.g., being followed while shopping)
5. Structural determinism	Contemporary Racialization	The fundamental role of macro-level forces in driving and sustaining inequities across time and contexts; the tendency of dominant group members and institutions to make decisions or take actions that preserve existing power hierarchies	Emphasizing individual or interpersonal factors	A multilevel study considers policy factors that may promote residential segregation
6. Social construction of knowledge	Knowledge Production	The claim that established knowledge within a discipline can be re-evaluated using antiracism modes of analysis	The belief that empirical research carried out properly is impermeable to social influences	A disparities-related literature review compares articles published in minority vs. majority journals
7. Critical approaches	Knowledge Production Action	To dig beneath the surface; to develop a comprehensive understanding of one's biases	To accept phenomena or explanations at face value	A researcher considers alternative explanations for findings than those previously posited
8. Intersectionality	Conceptualization & Measurement Action	The interlocking nature of co-occurring social categories (e.g., race and gender) and the forms of social stratification that maintain them	Additive model of co-occurring social categories (e.g., race and gender)	Efforts to reduce HIV risk behaviors among diverse men who have sex with men address racial stereotypes
9. Disciplinary self-critique	Action	The systematic examination by members of a discipline of its conventions and impacts on the broader society	Limited critical examination of how a discipline's norms might influence the knowledge on a topic	Researchers examine implications for research of using 'health inequities' vs. 'health disparities' vs. 'health inequalities'
10. Voice	Knowledge Production Action	Prioritizing the perspectives of marginalized persons; Privileging the experiential knowledge of outsiders within	Routine privileging of majority perspectives	Responses of skepticism or anger when outsiders within speak truth to power

Note. From C. L. Ford & C. O. Airhihenbuwa, (2010), The public health critical race methodology: Praxis for antiracism research. *Social Science & Medicine*, 71(8), 1393. https://doi.org/10.1016/j.socscimed.2010.07.030. https://www.sciencedirect.com/science/article/pii/S0277953610005800

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